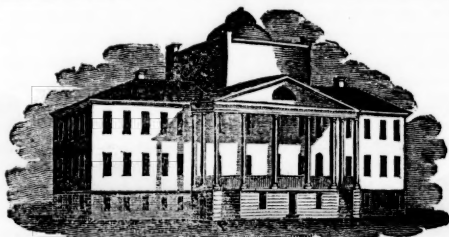


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## I.

From the London Lancet.

*Remarks on the Operation of Turning, as contained in a Lecture at Guy's Hospital by JAMES BLUNDELL, M.D., &c.*

IN turning, as in most of the obstetric operations, it is a point of no small importance to determine aright on the proper moment of interference. Entering, therefore, on the consideration of this important operation, I may commence by making some observations upon those indications which enable the practitioner to discriminate here.

By some it is asserted, that turning ought never to be attempted, unless the os uteri be widely expanded, or, at all events, relaxed in such a degree, that it may readily dilate under the pressure of the finger; nor is the rule to be despised. Generally, when the mouth of the womb is wide open, the hand may be introduced with safety; and this being the case, the sooner it is

passed into the uterine cavity the better; while, on the other hand, if the os uteri be rigid, or if it be shut in great measure,—the disc not larger than that of a shilling, for example,—the introduction of the hand is unsafe.

By some practitioners, again, the indication for turning is taken from the laxity of the softer parts; and if the os externum, internum, and vagina, are all of them tense and unyielding, so that the entrance of the hand, perhaps of large size, would be attended with bruising or laceration, we are told to refrain; whilst we are advised to introduce the hand, even though the os uteri be undilated, provided the softer parts, thoroughly relaxed, yield under the pressure of the fingers; nor is this rule without its excellence: for when the parts are rigid, the hand certainly ought not to be introduced; but where they are thoroughly relaxed, with proper caution a gentle operator, with a hand of small size, may often se-

curely enter the genital cavity ; and we may be told, perhaps, not without show of reason, that the sooner he operates the better.

There are some practitioners who lay their principal weight on a third indication, I mean the condition of the membranes ; and if they find that the membranes, unbroken and still full of water, are pushing through the mouth of the uterus, they refrain from turning, considering that so long as the water is retained, there is no risk lest the child become incarcerated in the uterus, so as to prevent the access of the hand.—But if, on examination, they perceive that the membranes are lacerated, and the liquor amnii away, then, without much regard to the laxity of the parts, or the expansion of the os uteri, they are anxious, as speedily as may be, to perform the operation. Now, of this rule, the latter part lies open to decided reprobation. Admitting, as those who have experience must do, that after the discharge of the water, an early extraction of the child is desirable ; we must however admit too, that so long as the os uteri is shut, and the parts are unyielding, dreadful lacerations may result from rash attempts to introduce the hand. With respect to the former division of the rule, that I mean which declares that it is not necessary to introduce the hand so long as the membranes are untern, and the liquor amnii is retained, to it I do not much object ; because I agree, that whilst the liquor amnii is not discharged, there is no danger lest the fœtus becomes compressed and incarcerated, and there is no danger, therefore, lest the access of the hand should be debarred.

For myself, the rules which I observe in discriminating the proper moment for commencing the operation of turning, and which, useful in my own practice, I recommend to yours, are, not to enlarge needlessly, the following:—I lay it down as a principle, in which I think every practical man will agree, that provided the operation of turning may be performed without more than ordinary risk of bruising, tearing, or other injury, the sooner it is executed the better. If, then, I deem the operation safe and necessary, I do not needlessly delay it an hour—a quarter—I had almost added a minute, or a second ; and this, more especially, as before hinted, if the membranes are broken, and the liquor amnii discharged ; because, while we are delaying, the womb is generally becoming more active, and more contracted, the dangers and difficulties of the operation continually thickening in consequence. Indelibly, therefore, let this principle be impressed on your minds. Never turn without need, never rashly have recourse to the operation without considering whether it be or be not safe ; but if you are fully satisfied that turning will not be attended with more than ordinary danger, and if you are satisfied further, that there is no reasonable hope that the child may come away in any other manner, the sooner the operation is performed the better.

But you will ask me perhaps here, when are we to consider that the introduction of the hand is unattended with greater danger than ordinary ; or, to give the question in a more practical manner, when we are to consider that the danger of turning is no great-

er than we are justified in imposing? Why, I consider that the hand may be introduced with such degree of safety, as may justify the operation, provided you find the os uteri to be broad as a dollar; and provided you find too, on pressing in different directions, that the softer parts are thoroughly softened, the patient, perhaps, being the mother of many children, or relaxed by copious floodings. The rule then may be given in few words, as follows:—In ordinary cases, if the mouth of the womb be as broad as a crown piece, and if the softer parts be relaxed thoroughly, the introduction of the hand is not exposed to greater risk than usual; there seems to be no circumstance preclusive of the operation, and the sooner we commence the better.

The operation resolved on, unless the rectum be loaded I should dissuade from the administration of injections in the way that some have recommended. The intestine, indeed, they clear, but they also stimulate the uterus, and bring on the pains which every one who has had experience of these cases will be solicitous to avoid.

Before turning is attempted, the bladder should be evacuated. This, in general, it may be, by the natural efforts. If, however, the urinary organs be in such a condition that the patient cannot discharge the urine by the natural efforts, provided but little water be collected, the catheter is unnecessary; but if, on making investigation above the symphysis, you find that the accumulation is large, the catheter may be introduced. In different postures the patient may be placed, when you are going to perform the operation

of turning; but though you need not always turn under the same position, for ordinary purposes you will find it most convenient to put the woman in the usual obstetric posture, on the left side, close upon the edge of the bed-frame, (if difficulty be anticipated,) with the shoulders forward, the loins posteriorly, the knees upon the bosom, and the abdomen towards the bed. Nurses are apt to place the patient with the shoulders posteriorly, and the loins in front,—a position exceedingly inconvenient for the operation under consideration.

As to your posture, you will find it convenient sometimes to kneel at the bed side, a pillow being provided, and sometimes to sit in a very low chair, your position varying as the operation proceeds. Respecting the position of the uterus and the fœtus, and especially of the feet of the child, you ought to have clear ideas before you commence the operation. In a preceding Lecture I observed to you what I now repeat, that the uterus, in the end of pregnancy, lies entirely above the brim of the pelvis, occupying about two thirds of the abdominal cavity; the abdominal coverings and loaded bladder are before it—the intestines and other viscera are above and behind it—and the womb leaning forward, its axis lies parallel with a line stretching from the coccyx to the navel; the fundus pushing forth beyond the ensiform cartilage, and the mouth, seated at the brim, is inclining towards the lower extremity of the sacrum. Nor must we forget the ordinary position of the fœtus, placed commonly in these cases with the shoulder over the os uteri, the head on the cervix, and

the feet in the fundus, with the loins and lower limbs carried along with the fundus uteri towards the front of the abdomen, the thorax, head, and arms, lying behind. Do not neglect these hints. To acquire ideas as correct and distinct as may be respecting the position, both of the fœtus and the uterus, is of the greatest importance in this operation.

Before we commence the operation of turning, we ought to ascertain with nicety the position of the feet,—whether they are in the front, or the back of the uterus, at the left side or the right; points best determined by examining the presenting part. And as the arm case is the most common, and as it is unfortunately the most difficult of management, on this case I will demonstrate the method to be observed. Let us suppose, then, a brachial presentation, the arm lying forth beyond the external parts; we are by examination to ascertain the position of the feet, in order that we may reach them and turn. For this purpose it should be observed, that when the arm is extended, and the hand is placed intermediately between supination and pronation, the palm of the hand takes the direction of the abdomen, and the back of the hand the direction of the loins, the thumb lies towards the head, and the little finger towards the feet. Well, now, applying these principles to the case before us, the palm of the hand lying to the sacrum, I know the abdomen of the child, with its legs, is on the back of the uterus; the thumb lying to the right, I know that the head is to the right; the little finger placed to the left, I know that the

feet are to the left also; and thus, without inspection, merely by paying a little ordinary attention to the presentation, I am enabled to ascertain that the feet are lying on the back of the uterus, and towards the left side. To repeat then: before you commence the operation of turning, consider what is the bearing of the uterus itself; consider what is the position of the child; and, more especially, consider what is the position of the feet. This accomplished, you need no preceptor to admonish you which hand is to be preferred. Knowing the situation of the child, and the feet, together with your own method of operating, you will discover, on a moment's reflection, whether the right or left hand be the more commodious in any individual case under care. If you think you will be able to reach the feet more readily with the left hand, by all means let this be employed; if otherwise, employ the right. Without intending to prescribe any fixed rule, I may remark, that the woman lying on the left side, the usual position, you will generally find the left hand more subservient, if the feet are in the back of the uterus, while the right may prove commodious, provided they lie in front. Some practitioners always turn with the left hand, and some always with the right; but from the reflections just made, it is obvious that you ought to acquire, if possible, the dexterous use of both.

But to proceed: After a good deal of observation on the operation of turning, I have been induced to divide the turning cases into those in which it is easy, those in which it is difficult, and those few cases in which it is impracticable,

either for a time, or permanently, so that you are obliged to resign it altogether.

*Cases of Easy Turning.*—If you adhere to the wholesome principle formerly announced, and commence the operation of turning as early as the safety of the patient may admit, you will, I believe, in general, find it of easy execution; the woman is as yet unexhausted, the softer parts are relaxed, and the vagina and womb are free from inflammation and tenderness; the cavity of the uterus, capacious and uncontracted, admitting the ready approach of the hand of the operator to the feet of the child, and allowing of an easy evolution afterwards.

In operating in these easy cases, it should be your first office to make choice of the hand with which you mean to act; and knowing, as before advised, the situation of the feet, you speedily determine which of the hands may most readily reach them, and may prepare it accordingly.

In the Gallery of the Louvre, I once saw a painting of the Feast of Belshazzar—*magnifique*, of course—in which the Divine hand was graced with a ring and ruff. I have heard of a French accoucheur, of finished exterior, who lost in the uterus a very valuable jewel; to our ingenious and lively neighbours it is better to leave "*ces gentilleses*," and should you make use of ornaments, it may be as well to remember that there are occasions when they are better away. The hand then chosen, take off the coat, remove the shirt sleeve, abstract your rings, and with cold cream or lard, best fitted for the purpose, lubricate abundantly the arm, with the back

of the hand and knuckles, avoiding the palm and inner surface of the fingers, as this is the part with which you lay hold of the child. Having thus prepared the hand and arm, you throw the fingers into the conical form, and pass them through the os externum upon the promontory of the sacrum, being very careful not to lacerate the perinæum. The passage of the knuckles occasions the principal pain and danger. The risk and distress are greater if the woman have not borne children before. The transition may be facilitated by using the fingers as dilators. With mingled firmness and gentleness the operations should proceed. When the knuckles have cleared the externum, you find the whole hand in the cavity of the vagina, and it becomes your next office to enter the uterine cavity; for which purpose, again giving to the fingers the conoidal form, slowly entering the uterine cavity, you pass the mouth of the womb, always in great measure dilated before the operation can be properly begun. If the membranes have been broken, and the liquor amnii have been discharged, the hand readily enters the cavity of the ovum; but operating early, you will sometimes find that the membranes are not yet ruptured, and to enter them laceration becomes necessary. Whatever is worth doing at all, is worth doing well. Let this part of the operation, though simple, be carefully executed. When the membranes become tense, under the action of the uterus you have the most favorable opportunity for breaking open the cyst. Be careful to put the hand into the cavity of the ovum, as the interposition of the hand

between the womb and the external surface of the membranes might give rise to flooding, by detaching the placenta ; throughout the whole of this part of the operation, bear in mind the awful specimens of vaginal and uterine laceration now on the table before you, and beware.

Suppose now that all these measures have been carefully executed ; that the cyst has been opened, that the hand has been insinuated ; that the os uteri has sustained neither contusion nor laceration ; your hand being passed thus far above the brim of the pelvis, and lying in the uterus, you may promptly, tenderly, press forward towards the fundus, so as to bring the brawn of the arm into the vaginal cavity, preventing by this plug the escape of the waters, if they are not already discharged. Your hand lies perhaps amidst the waters ; or if the womb be lax and capacious, the hand may be moved about with facility, though the waters have been discharged. Knowing the region of the feet, advance, during the absence of pain, directly to this part of the uterus, usually the fundus, slowly or rapidly as the parts may bear, very careful not to lacerate the womb or vagina,—remembering that at this moment a thrust of the hand is contusion, laceration, destruction, death. The third stage of the operation completed in this manner, and the hand approximating to the feet, in general the arm lies in a line stretching from the umbilicus to the coccyx, the bend of the elbow approaching the key of the pubic arch, the hand lodging in the top of the uterus, and the brawn of the arm taking its place in the cervix uteri and va-

gina. At this part of the operation, pause for a little,—repose yourselves, and reflect. Preparation thus being made, the fourth stage of the operation commences with the seizure of the feet, you being careful to ascertain clearly that they are the feet, and not the hands ; and further, that they are *both* the feet, and not a foot and hand together, mistaken for them. Having made sure of the feet, grasp them as you please ; but you will find it not inconvenient to place two fingers, the first and second, on the back of the legs, so that the fore finger may rest above the projection of the heel, the thumb and two remaining fingers lying on the legs in front. In this way you may secure a pretty firm hold of the legs ; the hand, as you perceive, not occupying much space. Having then in this, or any other mode more commodious, acquired a firm hold, slowly, smoothly, and without jerking, you draw, throwing the abdomen of the child upon the back of the uterus ; so that at the end of the operation, the legs hanging forth, you have converted a transverse presentation into a presentation of the legs, the front of the *fœtus* lying upon the sacrum, so that the arms and head may be easily got away.

The legs brought down in this manner, the head and shoulders must be extricated, a part of the operation which may require delay, as the intromission of the hand, of small compass, may have been accomplished with facility and safety, although the parts are too rigid to give passage to the head and shoulders, more especially if bulky. Before the head and shoulders are abstracted, therefore, examine the softer

passages, and if they are lax enough to transmit the child without injury to either, let this part of the labor be completed immediately ; but if there is a rigidity of the vagina, or a partial closure of the os uteri, so that immediate delivery becomes obnoxious to contusions, fractures, or lacerations ; you must wait. While the chord pulsates, the fœtus is in no danger ; if the beat of the chord languish, danger may be apprehended. Remember, however, that the safety of the mother is paramount,—come what may, her person is to be preserved unhurt ; this is a pre-eminent maxim of British midwifery ; and if this require that the delivery be procrastinated, however fatally to the fœtus, the birth must be suspended. In our own families, the life of the child would never be put into competition with that of the mother ; nor can we err here in adhering to the maxim, equally admired by the saint and the philosopher, to be found alike in the writings of Confucius, and in records more venerable :—Whatever ye would that men should do unto you ; that do ye unto them.

The grand error to which you are obnoxious, the error against which you have been cautioned so often on other occasions, is, the use of too much force,—*arte, non vi* ; ferocious, atrocious violence, is to be exploded from midwifery. Contusions, inflammations, lacerations, fractures, decapitations,—these are the tremendous consequences resulting from this error, consequences at once fatal to the mother and child. Will you offer up their blood to Moloch ? that gory Moloch, obstetric violence ? Laceration of the womb, laceration of the vagi-

na, extensive laceration of the perinæum,—one or other of these with certainty occurring if you operate rudely, and now and then perhaps when turning is performed with nicest care. Those make a mock of turning who have never seen its dangers ; it is at best a fearful operation.

#### *Of more difficult Turning.*—

Though always more or less dangerous, the operation of turning may often be accomplished easily enough, provided it be performed sufficiently early, and circumstances conduce. Hence you will sometimes hear your obstetric acquaintance triumphantly exclaiming, “ for my part, I always turn without any difficulty,”—a declaration, by the way, which evinces not their superior skill but their small experience in the nicer and more dangerous parts of practice. In consultation especially, we sometimes meet with cases of turning,—embarrassed at once with difficulties and dangers ; the body of the uterus is constricted about the fœtus ; the mouth and cervix are more or less firmly contracted around the presenting part ; the passages are swelled, inflamed, and dreadfully irritable ; the patient, wearied with exertion, and desperate through suffering, cannot be persuaded to lie at rest upon the bed ; and thus, sometimes, though rarely, a case is created which might try the nerves and the muscles of even those minions of obstetric fortune, to whose superlative skill all difficulties give way.

In cases of turning, dangerous and difficult, you will sometimes find the patient in a state of excitement, and at others collapsed from extensive laceration or con-



tusion, not always recollected by your predecessor when giving an account of the previous occurrences. Before, therefore, you turn, examine carefully the general condition of the patient ; look at the countenance ; investigate the pulse ; consider the pains ;— if the pains are ceasing, if the pulse is 140, if death is in the face,—a strong expression, which you may hereafter understand,— from one cause or another, extensive and fatal injury has been inflicted, and your prognosis must be given accordingly ; but if the countenance though flushed is animated ; if the pulse firm and round remains about 120 in the minute ; if the efforts of the uterus are repeated and violent ;— the energies are still unbroken, and much may yet be accomplished.

(To be continued.)

## II.

From the London Med. Gazette.

*Experiments and Observations, intended to explain the Mode in which Death is produced by Lightning.*

By B. C. BRODIE, F.R.S. and Surgeon to St. George's Hospital.\*

It is not to be supposed that the operation of an electric shock on the animal body will be the same in all cases. It is more probable that it expends its influence sometimes on one part, sometimes on another, and that the effects produced by it will vary accordingly.

A boy was admitted into St. George's hospital under the following circumstances. He had several superficial sores on his

abdomen and lower limbs, and he gave the following account of their origin. In the month of July, during a thunder-storm, he was sitting with several other persons under a hovel covered with thatch. A flash of lightning struck the hovel, and set fire to the thatch : the boy, and a woman who was of the party, fell senseless. The woman was instantaneously deprived of life ; but the boy recovered his sensibility after the lapse of a few minutes. He had been drawn out of the hovel before he could feel any effects from the burning thatch, and his clothes were uninjured : but shortly afterwards large vesications took place about the pubes and thighs, precisely resembling those which arise from a scald ; and they terminated in a similar manner, that is, in producing ulcerations. It is evident that, in this case, the electricity must have acted chiefly on the surface of the body. A corresponding case is recorded in the sixty-sixth volume of the *Philosophical Transactions*. A bullock, which was pyed white and red, was exposed to a violent thunder-storm. A stroke of lightning consumed the white, but left the red hairs. In another volume of the *Philosophical Transactions* is the history of a man who was instantaneously destroyed by lightning, which made a wound in his neck, and burned the surface of the body, so that the integuments resembled scorched leather.

But a stroke of lightning may also occasion death without injuring (as far as we are capable of perceiving) the organization of any part of the body. Wishing to determine in what manner the electric influence operates on these occasions, I instituted the following experiment. An elec-

\* Extracted from Notes of Lectures delivered in the Theatre of the Royal College of Surgeons in the year 1821.



tric battery of six jars being charged with electricity, the shock was made to pass through a Guinea-pig, in the longitudinal direction, from the head to the tail. The animal immediately fell on one side, as if stunned. There were convulsive actions of the muscles of the extremities, which however presently ceased. The function of respiration was not interrupted. In a few minutes sensibility was restored, and the animal recovered.

In this experiment there were no marks of derangement of the vital functions, with the exception of those of the brain: and the animal suffered, as he might be expected to suffer, from concussion of the brain.

An electric battery of nine jars being charged with electricity, the shock was discharged through another Guinea-pig, in the direction from the head to the tail. Immediately the animal fell on one side. There were convulsive actions of the muscles of the limbs, but it uttered no sound: and although closely watched, it was not observed that he breathed once after he had received the shock. Three minutes afterwards I opened the chest, and found the heart acting with regularity and vigor, about eighty times in a minute, and circulating dark-colored venous blood. The peristaltic motion of the intestines also continued. On dissection, no preternatural appearances presented themselves in any part of the body, and the muscles contracted readily when submitted to the influence of a voltaic battery.

In this experiment it was evident that the electric shock did not destroy the irritability of the muscular fibre, nor did it affect

the action of the heart. Death took place precisely in the same manner as from a severe injury of the head, and the animal died manifestly from the destruction of the functions of the brain. There can be no doubt that if the lungs had been regularly inflated, the action of the heart would have been maintained; and very probably in this, as in many other instances where the cause of death operates especially on the brain, by persevering in the process of artificial respiration the animal would have been restored to life.

In a third experiment there were corresponding results, although death was not the immediate consequence of the injury. The animal lay on one side: the heart was distinguished acting through the ribs, and he continued to respire: he was totally insensible, except when roused, and then he gave some imperfect signs of sensibility, like a person suffering from concussion of the brain. There were occasional convulsive actions of the voluntary muscles. In the evening, five hours after the experiment was made, he was still in the same condition, but on the following morning he was found dead and stiff.

It has been stated, on no less an authority than that of Mr. Hunter, that in a person killed by lightning there is an instantaneous and complete destruction of the vital principle in every part of the animal machine: that the muscles are relaxed, and incapable of contraction; that the limbs do not become stiffened as after ordinary death, and that the body immediately begins to undergo the changes which are the result of putrefaction. That lightning never produces such phenomena as

these I am not prepared to assert; but in the experiments which I have just described, such an instantaneous extinction of vitality certainly did not take place. It is manifest that the functions of the brain were those on which the electric shock exercised its principal influence, and that the suspension of those functions was the immediate cause of death.

Now let us compare the results of these experiments with what takes place in human beings who have been struck by lightning, and who have afterwards recovered.

One person\* (as we are informed) felt an impulse on one side of his head, and his sense of hearing was impaired afterwards. Another person† felt as if stupified, and forced to the ground he knew not how. A third individual‡ is described to have been rendered instantly insensible; the pulse being strong, though irregular. In eight minutes he began to move his shoulders; and in four minutes more he articulated some incoherent words; but an hour and a half elapsed before he had entirely recovered his senses. This patient appears to have been under the care of Dr. Struve, a German physician, who published a treatise on the art of restoring suspended animation. He was bathed in cold water, and then covered over with earth, which was laid upon him six inches in thickness; vinegar was poured down his throat, and the powers of his constitution enabled him to recover, in despite of the doctor's remedies.

It appears to me that the facts which I have been able to collect relating to this subject lead to this

conclusion, that the influence of lightning, or of a powerful shock of electricity, in the majority of cases, is expended chiefly in disturbing, or destroying, the functions of the brain: and the treatment necessary to counteract the effects of the injury may be comprised in a few words.

Expose the body to a moderate warmth, so as to prevent the loss of animal heat, to which it is always liable where the functions of the brain are suspended, or impaired; and inflate the lungs by means of a pair of bellows, so as to imitate natural inspiration as nearly as possible, whenever the animal breathes with labor or difficulty, or when he has ceased to breathe altogether by his own efforts.

### III.

#### SELECTIONS FROM FOREIGN JOURNALS.

*Report made to the Faculty of Medicine, in the name of a Commission, by M. Dupuytren, on a case where violence was supposed to have been committed on an Infant of fourteen or fifteen months old.\**

THE Prefect of the Police demanded, on the 19th of Dec. 1827, the opinion of the Faculty of Medicine on this point, viz., whether a female infant, between the age of 14 or 15 months, could possibly be violated; and the prefect desired particularly to have the opinion of the faculty on the following facts, attested by Dr. G——, "That the hymen of the infant was ruptured, and that the

\* *Philosophical Transactions*, volume xxxiv.

† *Ibid.*

‡ Struve on Suspended Animation.

\* The Commission consisted of MM. le Roux, Dubois, Desormeaux, and Dupuytren.

rupture appeared to be of recent occurrence."

We will not stop to inquire how far such a crime is probable, or whether the act could be consummated in an infant not fifteen months old; our object is to decide, whether the organs of generation in the child presented any marks of violence committed on them.

Dr. G—— affirms that the hymen was torn, that its rupture was recent, and that the greater and lesser labia appeared inflamed. The certificate of the physician contains no other fact; the declaration of M. N., surgeon-accoucheur, contains still less; consequently, the faculty must decide, whether a rupture of the hymen, which *appears* recent, and which *appears* accompanied by inflammation of the outer and inner labia, is a proof of violence committed on these parts.

In cold and damp seasons, when catarrhal affections prevail, we are constantly consulted on children who have puriform, and sometimes even a bloody discharge, from the vagina, accompanied by swelling and ecchymosis of the labia, solution of continuity of the hymen, fever and other symptoms, which it is scarcely necessary to enumerate. We may say, that many of the children brought to us for advice, presented appearances as if violence had been used, but most of them being still at the mothers' breast, and seldom out of their sight, were not exposed to such a cause; moreover, the same affection attacking several at the same time, showed that there must be some general cause giving rise to it.

If we examine separately the value of each of the facts related

in the certificate of Dr. G——, it is apparent—1st, that rupture of the hymen may be produced by a great number of different causes; 2ndly, that it is impossible, whether the rupture be of recent or an old occurrence, to determine by what cause it has been effected. The inflammation of the greater and lesser labia being a consequence of all inflammation of the external parts of generation, cannot be regarded as a proof of violence. 3dly, ecchymosis is a frequent result of inflammation of vascular tissues, as it is of inflammation of the labia. 4thly, that it is the same of all the other symptoms of catarrhal inflammation of these parts; the symptoms neither indicate the nature of the complaint, nor the cause which has produced them; as, for instance, a greenish or bloody inflammation indicates rather the degree of inflammation than the cause of it; ecchymosis of the external part of generation shows the intensity of this inflammation, as well as an external violence, and the dilatation of the orifice of the vagina may be an effect of the relaxation of the parts, as well as that of an attempt to introduce a foreign body into this canal.

We do not of course mean to assert, that the symptoms related by Dr. G——, and those which he has omitted to relate, may not also arise from external violence; but great care must be exercised in all cases of this nature, as well as others, which are brought under judicial notice, in forming a conclusion as to the cause of the appearances submitted to our opinion, and more particularly when those appearances may be produced by very different causes.

With these feelings, we judged it advisable in the case of this infant, on which the faculty consulted us, to state that it was affected with catarrh of the parts of generation, without advancing an opinion as to the cause of that catarrh.

N. B. This report was approved of, and the conclusions adopted by the faculty.

*Loss of Brain followed by the increase of Mind.*

Mr. W. Jones, of Lutterworth, relates a case of fracture of the skull, exceedingly interesting in a moral as well as a surgical point of view; the patient, according to Mr. Jones's statement, becoming "much cleverer" than he was before the accident.

He was a lad 17 years of age, and the accident occurred from the wheel of a wagon having passed over the head. The right parietal and temporal bones were much fractured, the integuments greatly torn, and part of the substance of the brain forced out. There were all the symptoms of compression, which ceased on the removal of several portions of bone by means of the elevator: five or six pieces had been driven into the substance of the brain. Under strict antiphlogistic treatment, the lad entirely recovered, and Mr. Jones, remarks, that he "had lost sight of him" for five or six years, when he accidentally met the mother, who informed Mr. Jones, that, previously to his taking out a part of her son's brains, the lad was never free from headach, and that he was so stupid, he could scarcely recollect any thing; but that since the operation he had been entirely free from headach, and had become "as sharp as a briar!"

It would seem from this case, that a redundancy of brain is equally unfavorable to the development of mental manifestations as a lack of it. We almost fear, that in making this case public, some numskull, fancying he has a superfluity of cerebral substance, may be induced to try the experiment of crushing his cranium.

*Apparent Death.*

At a late meeting of the Academie Royale de Médecine, M. Bourgeois related a case of apparent death, which happened in a woman immediately after labor, and also in the infant. The former was in a state of syncope after uterine hæmorrhage. The child presented all the appearances of congenital asphyxia. The woman was 26 years of age, and had been in labor, with her first child, about twenty-four hours. Every thing was going on very favorably, when, from some sudden vexation she experienced, the pains diminished, and symptoms of internal hæmorrhage occurred. She was soon delivered of a child, which was apparently dead. She had now frequent attacks of syncope, during one of which she was convulsed, and appeared to breathe her last. Such was the state of the case when M. B. arrived. Although, however, he was assured that the mother was dead, and from all appearances he believed it was the fact, he proceeded to introduce his finger into the cavity of the uterus, through a firm clot which filled the vagina. He stimulated the internal surface of the uterus, whilst he desired friction to be actively employed over the whole body. Stimulating odors were also applied to the nostrils, and cataplasms of vinegar,

and water nearly boiling, to different parts of the body. In the course of fifteen minutes, a slight muscular motion was perceived in the abdomen, which was the first indication of uterine contraction. Large clots were quickly expelled, and the powers of life were evidently returning. The patient was now attacked with a paroxysm of convulsions resembling epilepsy. The functions of the various organs gradually returned, but still she remained for some time perfectly insensible. During the whole of this time, the infant had remained near a fire, wrapped in linen, and considered to be dead. By inflating the lungs, and stimulating the surface of the body, it was at length restored. M. Bourgeois cautions practitioners from too hastily presuming that the vital spark is entirely extinct, after severe hæmorrhage. Patients may lie for a considerable time in a state of syncope, and yet be recoverable if proper means are employed. The case would certainly have afforded a fair opportunity of trying the transfusion of blood into the veins, as it has latterly been practised in this country.

#### *Tables of Mortality.*

M. Odier has been lately engaged in investigations on the average duration of life in Geneva, all of which show a gradual extension of the period. The inquiries of M. Odier go as far back as 1560, and may be fully relied on. From 1560 to 1600, the average duration of life was eighteen years and five months; from 1600 to 1700, it was twenty-three years and four months; from this time, the period became gradually longer; and, from 1815 to 1826,

the average was thirty-eight years and ten months.—*Biblioth. Univer.*

#### *Removal of the Superior Extremity of the Humerus.*

A man had been wounded by two balls, one of which had entered the upper part of the shoulder, had carried away the edge of the acromion, broken the head of the humerus, and a portion of the body of the bone, and had made its exit through the deltoid muscle. The pectoralis major was much lacerated. The other shot entered the posterior part of the shoulder, and passed out beneath the inferior angle of the scapula without injuring the bone.

M. Reynaud, naval surgeon at Toulon, performed the following operation. He formed a communication between the two openings of the anterior wounds, by an incision extended nearly to the insertion of the deltoid. He made a free opening into the capsule; divided the tendons of the subscapular, biceps, supra, and infra spinalis, and teres minor muscles; removed the splinters of bone, and carried the superior extremity of the humerus upwards and inwards. A card was introduced between the bone and the soft parts; and the humerus was divided with a saw, a little above the cervix. In three months the wound healed. The extremity of the humerus was about fifteen lines distant from the glenoid cavity, but gradually the contraction of the surrounding muscles drew it to the coracoid process, where it formed adhesions. In the course of eight or nine months a new articulation was formed at this part, and the patient can at present execute the motion of the arm in every direction.—*Archives Gen.*

*Apoplexy cured by the actual cautery.*

T. Romanoff, 20 years of age, musician in the Russian artillery, after having played for several hours on a wind instrument, was attacked with a general sensation of coldness, and excessive debility. He was taken to the hospital, and remained for two days in the same state. He was rather feverish; was sleepless, and had some difficulty of breathing. He appeared much better in a day or two after, when he was unexpectedly struck with apoplexy. His respiration was stertorous, and the *ensemble* of the symptoms proved the severity of the attack. He was immediately bled, and snow frictions applied to the head, the temples, and neck. Every three hours an enema of vinegar was administered. He remained, however, in the same state, and the use of the actual cautery was determined upon. A copper coin was made of a white heat, and suddenly applied between the shoulders, near the first dorsal vertebra. The sensibility of the patient was immediately roused. Ammoniacal salts, and other irritants, were applied to the nostrils, and caused him to start. For the first time a motion was observed in the eye-lids. The feet were covered with sinapisms, and very hot balls were placed in the hands, and in contact with the hips. The external senses revived, and the extremities regained their natural heat: the pulse was 80. Six ounces of blood were now taken from a vein in the foot. Romanoff opened his eyes, and in the course of a few hours he had quite recovered his health. The next day he could walk with a little support. He was shortly dismiss-

ed from the hospital, well in every respect.—*Voienno-Med.Journ.*

*Syphilis Communicated by Leeches.*

In a journal entitled *Westphälicher Anzeiger*, a physician relates a case in which leeches, used at first on a person affected with syphilis, and again employed on a child, communicated the disease to it. It is, therefore, necessary to know, when leeches are employed a second time, on whom they have been previously applied.—*Medical Gazette.*

*Sulphuric Acid detected in the Fætus.*

A woman, at the last period of pregnancy, poisoned herself with concentrated sulphuric acid. She kept it secret until the moment of her death. The last efforts of nature were exerted to give birth to the child. Upon examination of the body of the infant, sulphuric acid was detected in the cavity of the pleura and peritoneum, and also in the heart and bladder. Its presence was also ascertained in the liquor amnii.—*Ib.*

*On Transverse Fractures of the Sternum occurring during Labor.*

Fracture of the sternum from muscular action only, is an accident of very rare occurrence, and can only take place, we should imagine, when the sterno-mastoid and recti abdominis muscles are both put in powerful action at the same time, and the portions of the sternum are not very firmly united. Two cases of this kind occurred in the practice of M. Chaussier, physician of the *Maison d'Accouchement* at Paris; the accident in each case took place during labor, and was followed by the death of the patients.—*Ib.*

*Expulsion of the Placenta, four months after Delivery.*

A woman was delivered in January of a dead child, in which putrefaction had commenced in different parts of

the body. The midwife made many useless efforts to extract the placenta; she pulled so hard, indeed, by the funis, as to break it off. The placenta still remained in the uterus. The cervix uteri closed, and neither uterine pains nor any discharge indicated the probability of the expulsion of the after-birth. The woman enjoyed a perfect state of health till the following May. Slight pains, and a sanguineous discharge, then appeared. These symptoms lasted but a short time, and again returned. They were now more severe, and were followed by the expulsion of the placenta, the presence of which in the uterus, during so long a period, had been productive of no inconvenience.

*Ib.*

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BOSTON, TUESDAY, JULY 15, 1828.

A NEW preparation of senna has been introduced into use in London, which seems to present some advantages over those commonly employed. It is described in the following letter to the Editor of the London Medical Gazette. We solicit the attention of physicians and apothecaries to the subject.

SIR,

About a year and a half ago, there was invented by Mr. James Bass, chemist, of New Bond Street, a preparation called "Essence of Senna," in which, by a process of his own contriving, the medical powers of senna are so concentrated that one fluid drachm, added to seven drachms of water, equals in strength one ounce of the compound infusion of senna of the London pharmacopœia.

The advantages which this essence of senna possesses over the infusion are, I think, very considerable: first, it is always ready for use, whereas the infusion cannot be properly prepared under one hour; secondly, it will keep any length of time, (from containing a quantity of spirit) while

the infusion is quickly spoiled by fermenting; thirdly, it may be used without waste, while making the infusion is attended with considerable waste, owing to the portion of it which is unavoidably absorbed by the leaves. As the essence also comprises the strength of the infusion of senna in one eighth of its bulk, it can be readily added to any prescription where a laxative is wanted.

From my own experience, and that of several of my medical friends, I can vouch for the certain, and uniform, cathartic powers of this preparation; and I may also notice, that I have never found it to occasion griping.

Should you, Sir, consider this communication worthy of insertion in the Medical Gazette, I shall be very glad to see the attention of the profession drawn, through so honorable a channel, to a preparation that I feel convinced will be found to possess several important advantages.

I have the honor to be,

Sir,

Your obedient servant,

W. BAKER, M.D.

London, April, 1828.

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A reply from Dr. Robbins to the remarks of Dr. Hayward will appear in the next number.

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WEEKLY REPORT OF DEATHS IN BOSTON,

Ending July 4, at noon.

June 28.	James E. Cowse,	4 mo.
29.	Ellen Matthewson,	7 yrs.
	Deborah Wentworth,	56
30.	Robert Graham,	29
	Martha Richardson,	64
July 1.	Joseph E. Cowse,	4 mo.
	Sally Grant,	29 yrs.
2.	Peter Kelley,	36
	Caroline S. Austin,	2
	Mary Trull,	49
	Eliza Marshall,	52
4.	Ruth Bell,	24
	John Whitney,	43
	James B. King,	12 mo.

Convulsions, 1—consumption, 6—dropsy, 1—dropsy in the head, 2—infantile, 2—intemperance, 2. Males, 6—females, 8. Stillborn, 2. Total, 16.



## ADVERTISEMENT.

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C. W. returns his grateful acknowledgment to the Physicians, his friends and the public, for their liberal support, and hopes by strict personal attention to Physicians' Prescriptions, the compounding and delivery of Medicine, to have a continuance. April 22.

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Boston, June 1, 1828.

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